



# AmeriCorpsBenefits

★ ★ ★ ★ ★ ★ Benefiting Those Who Work for the Benefit of Others!

## BENEFIT EXPLANATION

### AmeriCorpsBenefits Made Easy!

Regardless of which plan you choose, each plan's medical coverage has a **BASE** and a **SUPPLEMENTAL** benefit feature.

Here's how they work:

**First:** the volunteer must satisfy the **BASE** benefit deductible. (Plans 1, 2, and 3 have a \$100 deductible.)

**Then:** the plans' **BASE** benefit pays 80% of the usual & customary charges for most eligible medical expenses (including prescription drugs). The volunteer is responsible for the remaining 20%.

**Second:** the volunteer must incur \$900 in out-of-pocket expenses under Plans 1, 2, and 3. The plans' **BASE** benefit deductible and the remaining portions of usual & customary charges make up this out-of-pocket total.

**Then:** the volunteer is eligible to receive benefits under the **SUPPLEMENTAL** benefit. The plans' **SUPPLEMENTAL** benefit pays 100% of the usual & customary charges for most eligible medical expenses (including prescription drugs). **SUPPLEMENTAL** benefits are payable up to a \$50,000 coverage year maximum per accident or sickness under Plans 1 and 2 (\$100,000 coverage year maximum per accident or sickness under Plan 3).

This explanation is for example purposes only and does not address any applicable exclusions or limitations that may apply. Actual claim determinations will be based on an evaluation of the facts of the claim being made and applicable policy provisions.

# AMERICORPSBENEFITS

## PLAN 1 INFORMATION SUMMARY



This benefit program is provided under a group insurance policy issued by BCS Insurance Company. Plan 1 is designed to help you pay for eligible medical expenses you incur as a result of non-occupational accidents or sicknesses. The following information is a brief summary of important features of the insurance plan. Every effort has been made to ensure the accuracy of this plan information summary. It is not a contract. This plan information summary is not a legal document. Terms and conditions of coverage are set forth in the policy. In the event of a discrepancy, the policy would be the determining factor. You may obtain a copy of the policy from your AmeriCorps Grantee Organization or by sending a written request to **ASRM, LLC/AmeriCorpsBenefits, 505 South Lenola Road, Suite 231, Moorestown, NJ 08057**.

The benefits, exclusions and limitations described below apply to the residents of most states, however state laws do vary. State laws may affect the plan, but these differences in laws generally do not reduce benefits.

### **MEDICAL EXPENSE BENEFITS**

After satisfaction of a \$100 deductible each coverage year, Plan 1 pays 80% of the charges incurred for most eligible medical expenses (including outpatient prescription drugs), up to a \$3,600 maximum base benefit each coverage year. Once the coverage year maximum base benefit has been exhausted, Plan 1 pays 100% of the charges incurred for most eligible medical expenses (including outpatient prescription drugs), up to a \$50,000 coverage year maximum supplemental benefit for each accident or sickness. Once the supplemental maximum benefit has been paid for a specific accident or sickness, no additional base benefits or supplemental benefits will be paid for that same accident or sickness during that same coverage year. Supplemental benefits are payable only after the base benefit has been exhausted in each coverage year.

Benefits are payable, subject to any applicable limitation, for eligible medical expenses incurred while your coverage is in force. You must be under a doctor's care, and the treatment must be medically necessary for a covered accident or sickness. No benefit will be paid for a charge that is incurred in connection with a particular accident or sickness if it is incurred more than one year after the date of the first covered loss for that accident or sickness.

### **ELIGIBLE MEDICAL EXPENSES**

Eligible medical expenses are as follows: hospital room and board charges; charges for other hospital services (which include ancillary hospital charges for pharmacy, medical and surgical supplies and devices, laboratory and X-rays, and operating and recovery room); inpatient and outpatient doctors' charges; inpatient private-duty nursing charges; charges for inpatient specified therapies, including physiotherapy, acupuncture, and chiropractic services; charges for outpatient laboratory, diagnostic, and X-ray examinations; rental charges for durable medical equipment or the purchase of this equipment, whichever is less; charges for outpatient prescription drugs; charges for emergency professional ambulance service to the nearest hospital; and, charges for outpatient specified therapies (including physiotherapy, acupuncture, and chiropractic services) only if immediately following a hospital confinement or surgery for which benefits are paid under the plan.

### **LIMITS ON MEDICAL EXPENSE BENEFITS**

Plan 1 benefits are limited as follows: 1) benefits for hospital room and board charges are limited to charges for a semi-private accommodation or \$600 per day, whichever is less; and, charges for confinement in an intensive care unit or \$1,200 per day, whichever is less; 2) benefits for the following expenses are limited to \$2,000 per coverage year: a) all covered expenses incurred at and billed by a hospital, except inpatient room and board charges, regardless of whether such expenses are for inpatient or outpatient treatment; and b) all covered expenses incurred at and billed by a facility for outpatient surgery; 3) benefits for the treatment of substance abuse are payable for only one occurrence and are limited to: \$10,000 per coverage year for eligible medical expenses incurred as an inpatient; and, \$35 per visit and a 60-visit maximum when provided on an outpatient basis; 4) benefits for the treatment of mental illness are limited to: 45 days of confinement in a hospital and/or a non-hospital residential care facility per coverage year; and, 75% of charges for eligible medical expenses for the first 40 outpatient visits, and 60% of charges for any additional outpatient visits in that coverage year; 5) benefits for eligible medical expenses incurred due to elective termination of pregnancy are limited to \$500; 6) benefits for eligible medical expenses incurred due to injury to sound natural teeth are limited to \$250 per tooth per injury; 7) benefits for expenses incurred for emergency professional ambulance services to the nearest hospital are limited to \$250; 8) benefits for specified therapies (including acupuncture, physiotherapy and chiropractic services) are limited to: \$10,000 when provided on an inpatient basis; and, \$1,000 when provided on an outpatient basis.

### **PRE-EXISTING CONDITIONS LIMITATION**

A pre-existing condition means any condition for which you received medical treatment, diagnosis, care or advice within the 6-month period immediately preceding your effective date. During your first 12 months of coverage under the plan, benefits paid for eligible medical expenses due to pre-existing conditions will not exceed \$1,000. The period during which coverage for pre-existing conditions is limited may be reduced by any creditable coverage you may have had with a previous insurance plan. Upon presentation of an acceptable certificate of creditable coverage, your pre-existing condition limitation waiting period will be reduced. Pregnancy is not subject to a pre-existing condition limitation.

**A summary of Plan 1 exclusions can be found on the reverse side of this page.**

BCS Insurance Company and its representatives are not connected with or endorsed by the Federal AmeriCorps Program or the U.S. Government.

## **FILING A CLAIM**

Your medical provider will most likely want to file a claim for you using his or her own form. If you need to file a claim yourself, fill out a claim form completely and attach all applicable bills; send to **ASRM, LLC/AmeriCorpsBenefits, 505 South Lenola Road, Suite 231, Moorestown, NJ 08057**. Medical benefits are paid directly to you, except when you assign your benefits to a provider, and will be mailed to you along with an Explanation of Benefits. If a claim is denied, you will be notified in writing of the reason for the denial. You will have 60 days to request a review of a denied claim.

## **EXCLUSIONS**

### **Summary of what is not covered under Plan 1**

No benefits will be paid for loss caused by or resulting from: 1) intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane; 2) declared or undeclared war or any act thereof; 3) serving on full-time active duty in the Armed Forces of any country or international authority; 4) flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country; and 5) work-related injury or sickness, whether or not benefits are payable under Workers' Compensation or similar law, automobile medical payments or No-fault plans, public assistance programs, government plans, or any other valid and collectible group insurance.

In addition to the above exclusions, no benefits will be paid for: 1) eye examinations for glasses, any kind of eye glasses, or prescriptions therefore; 2) ear examinations or hearing aids; 3) treatment of teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ, dysfunction or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; 4) cosmetic surgery, except cosmetic surgery that is needed for breast reconstruction following a mastectomy or as a result of an accident that happens while covered and that required treatment of the injury within 24 hours of the accident; 5) expenses used to meet any deductible, or in excess of the percentages payable, or in excess of negotiated or usual and customary charges; 6) services rendered by an immediate family member or services provided by the Grantee Organization; 7) injury or sickness resulting from use of alcohol or intoxicants, or any other drugs, unless as prescribed by a doctor; 8) treatment of congenital anomalies and conditions arising from them; 9) treatment of deviated nasal septum, including submucous resection and/or surgical correction; 10) expenses incurred in connection with an organ transplant; 11) care or treatment which is not medically necessary; and 12) care or advice for pre-existing conditions, except as expressly provided for under the policy.

## **TERMINATION OF COVERAGE**

Your coverage will end on the earliest of: 1) the date you are no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid; or 2) any premium due date, if full payment for your coverage is not made within 31 days following the premium due date; or 3) the date that the policy terminates; or 4) the date you enter an armed service on full-time active duty.

## **CONTINUATION OF COVERAGE**

If you become ineligible for coverage under the plan, you may choose to continue your coverage for up to 18 months. Your organization will provide you with a Continuation of Coverage Request form when your coverage under the plan terminates. To continue your coverage, the completed request form and first premium payment must be received by ASRM, LLC within 60 days of your coverage termination date. You are responsible for paying the premium for your continued coverage. You will not be billed for subsequent premium payments and failure to make timely payments will result in the cancellation of the continued coverage.

## **IMPORTANT NOTE**

You are free to use any licensed doctor or any certified hospital; however, your Organization's coverage under the program allows access to an important medical provider network that utilizes negotiated charges which may save you money. You may contact Beech Street (at 1-866-358-3150) to find network providers in your area.



Underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois



Record keeping and administration by ASRM, LLC